

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-010690

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

FILED APR 2 1962

Primary Registration District No.

3025

Registrar's No.

55

VS 300
Rev. 4/59

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH

a. COUNTY

Howell

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

West Plains

Length of stay in 1b

5 days

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

Memorial Hosp

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

Oark

Inside Limits

Yes ☐ No ☒

c. CITY

Gainesville

OR TOWN

d. STREET ADDRESS

2 mile East of Gainesville

(If outside, give location)

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Middle

Last

John

William

Dodson

4. DATE OF DEATH

Month

Day

Year

May

15-1962

5. SEX

M

6. COLOR OR RACE

W

7. Married ☐ Never Married ☐
Widowed ☒ Divorced ☐

8. DATE OF BIRTH

7-28-1885

76

9. AGE (last birthday)

IF UNDER 1 YEAR IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired Farmer

10b. KIND OF BUSINESS OR INDUSTRY

Own

11. BIRTHPLACE (City and state or country)

Webster Co.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Geo. W. Dodson

13b. MOTHER'S MAIDEN NAME

Mary Cartrell

14. NAME OF HUSBAND OR WIFE

Gaudie Dodson

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

17. INFORMANT

7 Lois Smith Gainesville Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

C. Myocardial Infarction

INTERVAL BETWEEN ONSET AND DEATH

5 days

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Arteriosclerotic Heart Disease

10 yrs

DUE TO (c)

Senility

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

a.m.

p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 3-10-62 to 3-15-62 and last saw him alive on 3-15-62

Death occurred at 6:00 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Murray T. Pritchard M.D.

22b. ADDRESS

West Plains, Mo.

22c. DATE SIGNED

3-25-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

23b. DATE

3-15-62

23c. NAME OF CEMETERY OR CREMATORY

Smith Chapel

23d. LOCATION (City, town, or county)

Oark Co. Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

Clinkingbeard Gainesville Mo

25. DATE RECD. BY LOCAL REG.

4-2-62

26. REGISTRAR'S SIGNATURE

Huntardwick M.D.

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

Permit not obtained

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

John R. Carey

Licensed Embalmer No.

4885

P. O. Address

Camdenville Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.